

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 73

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1392709

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rodriguez for Assembly 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Pomona</u>	<u>CA</u>	<u>91766</u>	<u>(626)915-7635</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

626-915-6626 / electfreddie@gmail.com

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>626-915-7635</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/25/2018 By Yolanda Miranda
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/25/2018 By Freddie Rodriguez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 73

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Freddie Rodriguez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

52

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Pomona

CA

91766

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 73 I.D. NUMBER 1392709
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for Assembly 2018

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$148,209.23	\$325,759.23
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$148,209.23	\$325,759.23
4. Nonmonetary Contributions	Schedule C, Line 3	\$828.61	\$5,556.12
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$149,037.84	\$331,315.35

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$182,277.51	\$149,037.84
21. Expenditures Made	\$98,823.29	\$114,781.55

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$116,999.68	\$206,997.65
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$116,999.68	\$206,997.65
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$3,046.74)	\$1,073.13
10. Nonmonetary Adjustment	Schedule C, Line 3	\$828.61	\$5,556.12
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$114,781.55	\$213,626.90

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$118,809.24	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$148,209.23	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$715.36	
15. Cash Payments	Column A, Line 8 above	\$116,999.68	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$150,734.15	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$1,073.13

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4 of 73
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Abbott Laboratories Employee PAC North Chicago, IL 60064-6001 Committee ID: C00040279	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/10/2017	Abbvie North Chicago, IL 60064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
12/19/2017	AFSCME, AFL-CIO, Council 36 PAC Los Angeles, CA 90020 Committee ID: 747152	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/4/2017	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92264	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$1,300.00	2018P: \$1,300.00
9/21/2017	Alvarez-Glassman & Colvin La Puente, CA 91746	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$148,011.23
2. Amount received this period - unitemized contributions of less than \$100	\$198.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$148,209.23

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	American Federation of State, County & Municipal Employees (AFSCME) Washington, DC 20036 Committee ID: 745604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,800.00	\$8,800.00	2018P: \$8,800.00
10/6/2017	American Insurance Assoc. PAC Washington, DC 20004 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/31/2017	Amgen Inc. Alexandria, VA 22303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/20/2017	Anthem Blue Cross Cincinnati, OH 45209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/25/2017	Assoc. Of CA Insurance Companies PAC Sacramento, CA 95814 Committee ID: 830078	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 6 of 73

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Rodriguez for Assembly 2018	I.D. Number 1392709
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Associated General Contractors West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$2,550.00	2018P: \$2,550.00
11/21/2017	AstraZeneca Wilmington, DE 19850-5437	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$3,800.00	2018P: \$3,800.00
10/12/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$4,400.00	2018P: \$4,400.00
11/13/2017	AT&T Inc. and its Affiliates Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,700.00	\$4,400.00	2018P: \$4,400.00
7/31/2017	Athens Services La Puente, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,000.00	2018P: \$4,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Athens Services La Puente, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$4,000.00	2018P: \$4,000.00
12/28/2017	Atlas Loan and Jewelry Company, Inc. Bellflower, CA 90706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
7/11/2017	Auto Club Speedway Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/14/2017	Bankers Insurance Company (Group) Saint Petersburg, FL 33716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/28/2017	Best Collateral Novato, CA 94949	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/2017	Boehringer Ingelheim Ridgefield, CT 06877-1088	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/28/2017	Burrell Printing Co., Inc. Pflugerville, TX 78660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
8/30/2017	CA Allied for Patient Protection PAC Sacramento, CA 95814 Committee ID: 920780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/24/2017	CA Assn. of Health Facilities PAC Sacramento, CA 95816 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
8/23/2017	CA Assn. of Psychiatric Technicians, Inc. PAC (CAPT) Sacramento, CA 95811-7138 Committee ID: 882070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$4,000.00	2018P: \$4,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	CA Assoc. of Winegrape Growers State PAC Sacramento, CA 95814 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/28/2017	CA Bankers Assn. PAC Sacramento, CA 95814 Committee ID: 742694	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2018P: \$3,000.00
9/6/2017	CA Dental Hygienists' PAC Sacramento, CA 95814 Committee ID: 830002	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/11/2017	CA Life Sciences Assoc. PAC (CLSA) Sacramento, CA 95814 Committee ID: 1272633	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$671.39	\$1,500.00	2018P: \$1,500.00
8/28/2017	CA Manufacturers & Technology (CMTA) PAC Sacramento, CA 95814-3819 Committee ID: 1328039	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 10 of 73
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	CA Radiological PAC Sacramento, CA 95814 Committee ID: 811596	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/26/2017	CA Real Estate PAC (CREPA) Los Angeles, CA 90020 Committee ID: 890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/18/2017	CA Steel Industries, Inc. Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2018P: \$2,500.00
12/14/2017	CA Steel Industries, Inc. Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2018P: \$2,500.00
9/26/2017	CA Water Assn. PAC San Francisco, CA 94102 Committee ID: 890906	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$2,000.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	California Hospital Association PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$2,700.00	2018P: \$2,700.00
12/20/2017	California Professional Firefighters PAC Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$6,889.84	\$8,800.00	2018P: \$8,800.00
10/30/2017	Californians for Jobs and a Strong Economy Sacramento, CA 95841 Committee ID: 1275549	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,100.00	\$2,400.00	2018P: \$2,400.00
12/30/2017	Cassidy's Jewelry & Loan Co., Inc. Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2018P: \$200.00
12/28/2017	Cevar, Inc., Central Mega Pawn Ontario, CA 91762-4542	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>12</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Check into Cash of CA, Inc. Cleveland, TN 37311	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/14/2017	Chevron Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,900.00	\$4,400.00	2018P: \$4,400.00
11/9/2017	Coca-Cola North America Los Angeles, CA 90021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/30/2017	Comprehensive Health Management, Inc. Cypress, CA 90630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/6/2017	Consumer for Clean Water PAC Sacramento, CA 95814 Committee ID: 1220370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>13</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Cooperative of American Physicians State PAC Los Angeles, CA 90071 Committee ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/27/2017	Covenant Care Aliso Viejo, CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/4/2017	Cox Communications San Diego, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/30/2017	Dart Container Mason, MI 48854	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$4,000.00	2018P: \$4,000.00
10/9/2017	DRIVE Committee - FEC Washington, DC 20001-2198 Committee ID: C00032979	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$2,300.00	2018P: \$2,300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>14</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Ensign Facility Services, Inc. Mission Viejo, CA 92691	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/14/2017	Enterprise Holdings, Inc. PAC Saint Louis, MO 63105 Committee ID: C00219642	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/30/2017	Faculty Association of California - California Community Colleges FACCC-PAC Sacramento, CA 95814 Committee ID: 841118	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$2,250.00	2018P: \$2,250.00
8/28/2017	Financial Casualty & Surety, Inc. Houston, TX 77098	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/6/2017	Fontana Union Water Company Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>15</u> of <u>73</u>
I.D. Number 1392709		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for Assembly 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2017	Foothill Village Mobilehome Park, LLC San Dimas, CA 91773	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/28/2017	Fox Group Los Angeles, CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/28/2017	Fresno Coin Gallery Jewelry & Loan, Inc. Fresno, CA 93726	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
9/29/2017	Genetech Inc. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/11/2017	Steffan Gibbs Solana Beach, CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	All-Pro Bail Bonds, Inc. Business Owner	\$2,000.00	\$2,000.00	2018P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 16 of 73
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue California Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Government Employeess Insurance Co. (GEICO) Washington, DC 20076-0001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/28/2017	Granters Jewelry & Loan El Cerrito, CA 94530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2018P: \$150.00
10/4/2017	Holliday Rock Co., Inc. Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/30/2017	Honeywell International PAC Washington, DC 20001 Committee ID: C00096156	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>17</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

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12/20/2017	International Union of Operating Engineers, Local 12 Pasadena, CA 91103 Committee ID: 743030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/28/2017	King's Pawnshop dba King's Jewelry and Loan Los Angeles, CA 90005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
9/5/2017	Laborers' Local 300 Los Angeles, CA 90006 Committee ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$4,000.00	2018P: \$4,000.00
12/28/2017	Leaderato, Inc. Chula Vista, CA 91914-4555	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2018P: \$150.00
12/30/2017	Legal Services Provider, Inc. Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>18</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Lewis Investment Company, LLC Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$750.00	2018P: \$750.00
10/20/2017	McKesson Corporation Employees Political Fund San Francisco, CA 94104 Committee ID: C00108035	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/28/2017	Monte De Piedad San Ysidro, CA 92173	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
8/30/2017	Morongo Band of Mission Indians Banning, CA 92220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,400.00	\$4,400.00	2018P: \$4,400.00
12/28/2017	Mr. Stevens Pawn Shop Los Angeles, CA 90062-1101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>19</u> of <u>73</u>
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

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9/11/2017	Nossaman LLP Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2018P: \$3,000.00
9/26/2017	Nossaman LLP Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2018P: \$3,000.00
10/6/2017	Nossaman LLP Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2018P: \$3,000.00
7/28/2017	Novartis FSC Fort Worth, TX 76134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/14/2017	Pepsico Inc. Purchase, NY 10577	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 20 of 73

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for Assembly 2018

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9/21/2017	David Perez Rowland Heights, CA 91748-1026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grand Central Recycling Manager	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	INTERMEDIARY ActBlue California Somerville, MA 02144-3132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Personal Insurance Federation of CA Agents & Employees PAC Sacramento, CA 95814 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2018P: \$1,000.00
8/28/2017	Pfizer Inc. Memphis, TN 38115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,000.00	2018P: \$4,000.00
11/9/2017	Pfizer Inc. Memphis, TN 38115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$4,000.00	2018P: \$4,000.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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9/25/2017	Planned Parenthood of Orange and San Bernardino Counties PAC Sacramento, CA 95814 Committee ID: 1282464	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/5/2017	Professional Engineers in CA Government PECG-PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2018P: \$3,000.00
9/11/2017	San Bernardino County Fire Fighters State PAC Fontana, CA 92335 Committee ID: 1269303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/6/2017	San Gabriel Valley Water Company South El Monte, CA 91733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2018P: \$3,000.00
11/9/2017	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2018P: \$3,000.00
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>22</u> of <u>73</u>		
NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Southern CA Contractors Assoc. Orange, CA 92868 Committee ID: 881014	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$1,300.00	2018P: \$1,300.00
9/13/2017	State Building & Construction Trades Council of CA PAC Sacramento, CA 95814 Committee ID: 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,900.00	\$8,800.00	2018P: \$8,800.00
10/19/2017	Syngenta Crop Protection, Inc. Greensboro, NC 27409	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/31/2017	Tenet Healthcare Corporation Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$2,500.00	2018P: \$2,500.00
10/19/2017	Tesoro Companies, Inc. Pacheco, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,300.00	2018P: \$4,300.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Tesoro Companies, Inc. Pacheco, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00	\$4,300.00	2018P: \$4,300.00
12/30/2017	The Collateral Lender, Inc. Beverly Hills, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2018P: \$750.00
9/18/2017	The Doctors Company PAC Napa, CA 94558 Committee ID: 923140	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
8/14/2017	The Glaxo Smith Kline PAC Durham, NC 27709 Committee ID: C00199703	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/5/2017	The Hartford Advocates Fund Multicandidate Committee Hartford, CT 06115 Committee ID: C00511444	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2018P: \$2,000.00
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Three Ten, Inc. Perris, CA 92570	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/28/2017	Union Life & Casualty Insurance Agency Phoenix, AZ 85012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/8/2017	United Domestic Workers of America Action Fund (UDW) Sacramento, CA 95814 Committee ID: 1302384	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
9/1/2017	Urban Associates Inc. Los Angeles, CA 90022-5189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
10/30/2017	Verizon Communications Inc. Newbury Park, CA 91320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER Rodriguez for Assembly 2018		I.D. Number 1392709

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Walgreens Co. Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/28/2017	Western Loan & Jewelry LLC Los Angeles, CA 90022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
10/12/2017	Yocha Dehe Wintun Nation Brooks, CA 95606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$148,011.23		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>73</u>
I.D. Number 1392709	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/5/2017	CA Life Sciences Assoc. PAC (CLSA) Sacramento, CA 95814 Committee ID: 1272633	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraiser food at Lucca Restaurant & Bar	\$828.61	\$1,500.00	2018P: \$1,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$828.61

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$828.61
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$828.61

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for Assembly 2018

I.D. NUMBER

1392709

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Pomona Valley Democratic Club	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2018P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/13/2017	CA Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$18,250.00	\$37,555.10	2018P: \$37,555.10
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/29/2017	Payee Name: Tony Thurmond for Superintendent of Public Instruction 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	2018P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$39,500.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$98.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$39,598.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 Rodriguez for Assembly 2018

I.D. NUMBER
 1392709

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2017	CA Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$18,250.00	\$37,555.10	2018P: \$37,555.10
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$39,500.00						

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 31 of 73
I.D. NUMBER 1392709		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Legislative Irish Caucus Sacramento, CA 95814	CVC		8/7-8/11/17 Lodging for candidate & a household re: Ireland trip.	\$1,575.00
Dolores (Michelle) Rodriguez Pomona, CA 91766	MTG		7/4/17 Reimbursement for beverages for event	\$257.58
Fantastic Snap Photobooth Chino, CA 91710	MTG		7/22/17 Photo booth for District Office Summer BBQ	\$299.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$115,363.57
2. Unitemized payments made this period of under \$100.	\$1,636.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$116,999.68

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through 12/31/2017		Page 32 of 73
NAME OF FILER Rodriguez for Assembly 2018		I.D. NUMBER 1392709

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Sanders Emerson Sacramento, CA 95814			Reimbursement for fundraising expenses	\$2,320.87
Aer Lingus Dublin Ireland	TRC		8/5-8/12/17 RT Airfare for candidate and spouse to attend California Legislative Irish Caucus event	\$3,002.72
Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Petty Cash Chino, CA 91710	OFC			\$89.94
Aaron Brothers #86 Montclair, CA 91763	OFC			\$307.80

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through 12/31/2017		Page 33 of 73
NAME OF FILER Rodriguez for Assembly 2018		I.D. NUMBER 1392709

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Which Wich Sacramento, CA 95814	MTG		7/10/17 Staff lunch for 6 staff members	\$195.53
La Superior Super Mercados Sacramento, CA 95820	MTG		07/12/17 Supplies for staff dinner for 9 including candidate	\$128.69
Smart & Final Sacramento, CA 95818			Supplies	\$8.43
California Legislative Irish Caucus Sacramento, CA 95814	TRC		8/7-8/11/17 Lodging for candidate & a household re: Ireland trip.	\$275.00
Marc T. Kallweit Photographer Sacramento, CA 95818			Photo	\$125.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 34 of 73
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Legislative All-Star Game Sacramento, CA 95821	CVC			\$1,000.00
Inland Counties Water Association Ontario, CA 91761	MTG		07/21/17 Golf Tournament event	\$300.00
Servi Fiesta Pomona, CA 91766	FND		7/22/17 Rentals for chairs and items for the Summer BBQ.	\$738.00
American Cancer Society, Inc. Riverside, CA 92506	CVC		Donation	\$250.00
Petty Cash Chino, CA 91710	OFC			\$20.38

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dolores (Michelle) Rodriguez Pomona, CA 91766	MTG		7/21/17 Reimbursement for staff meeting for 8 including candidate	\$65.67
Tropical Mexico Pomona, CA 91766	MTG		7/22/17 Staff meeting including candidate	\$568.59
Last Name Brewing Upland, CA 91786	MTG		07/21/17 Drinks for staff meeting	\$50.02
Ronald Lawrence Norwalk, CA 90650	POS		Reimbursement for postage	\$2.49
Coco Palm Retsaurant Pomona, CA 91768	MTG		8/2/17 Legislative lunch meeting for 6 including candidate	\$125.66

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Iron Skillet Ontario, CA 91762	MTG		8/3/17 Legislative luncheon for 4 including candidate	\$56.66
Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Yolanda Miranda & Associates Covina, CA 91722	OFC			\$23.92
Family Service Association Moreno Valley, CA 92557	MTG		8/8/17 Ontario Senior Luncheon	\$140.00
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,850.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00
Pomona Community Foundation Pomona, CA 91768	CVC			\$1,500.00
Ronald Lawrence Norwalk, CA 90650	OFC		Reimbursement for supplies	\$24.23
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00
Claudia Rubio Ontario, CA 91761			Reimbursement for a cake for Distric Director's B-day.	\$30.00

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Soledad Villalobos Sacramento, CA 95828			Reimbursement for food and supplies	\$134.89
Iron Skillet Ontario, CA 91762	MTG		8/26/17 Leadership Luncheon for staff members, 3 community members & Assemblymember	\$154.98
Chino Valley Brewery Ontario, CA 91761	MTG		8/18/17 Staff meeting	\$176.40
Party City Sacramento, CA 95815	OFC		08/29/17 Supplies for End of Session event	\$61.26
Diamond Ranch High School Pomona, CA 91766	CVC		Freshman Football Sponsorship	\$250.00

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SCHEDULE E (CONT.)

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Corona Angels Riverside, CA 92504	CVC		Softball sponsorship	\$250.00
Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Yolanda Miranda & Associates Covina, CA 91722	POS			\$4.41
Connie Sanders Emerson Sacramento, CA 95814	OFC			\$511.00
Petty Cash Chino, CA 91710	OFC			\$43.04

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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T-Graphics West, Inc. Chino, CA 91710			T-shirts	\$306.98
Facebook Inc. Menlo Park, CA 94025-1452	WEB		Online Advertising	\$36.00
Crowne Plaza Hotel Dublin 9, Ireland	TRC		8/11-8/12/17 Lodging for candidate and spouse RE:Caucus trip	\$243.60
The Westin Hotel D2 Dublin, Ireland	TRC		8/6-8/10/17 Lodging for candidate RE:Caucus trip	\$742.51
The Westin Hotel D2 Dublin, Ireland	TRC		Foreign Transaction fee	\$22.28

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Rodriguez for Assembly 2018		I.D. NUMBER 1392709

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Westbury Hotel D2 Dublin, Ireland	TRC		8/11/17 Lodging for candidate RE:Caucus trip	\$634.45
Westbury Hotel D2 Dublin, Ireland	TRC		Foreign transaction fee	\$0.67
Westbury Hotel D2 Dublin, Ireland	TRC		Foreign Transaction fee	\$0.02
Westbury Hotel D2 Dublin, Ireland	TRC		Foreign Transaction fee	\$19.03
Cock A Doodle Restaurant Chino, CA 91710	MTG		8/18/17 Meeting for staff members and candidate.	\$217.59

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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Sactown Union Brewery Sacramento, CA 95819	MTG		08/23/17 Meeting for 4 staff members including candidate	\$121.61
Southwest Airlines Dallas, TX 75235	TRS		10/27-10/30/17 RT Airfare from SMF to SAN for staff member for event	\$197.97
Titan Graphix & Promotions Baldwin Park, CA 91706	CMP		Deposit for campaign bags	\$1,497.50
Tropical Mexico Pomona, CA 91766	MTG		08/25/17 Meeting with 4 including candidate	\$104.30
Facebook Inc. Menlo Park, CA 94025-1452	WEB		Online Advertising	\$103.28

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Route 66 Storage Pomona, CA 91746	OFC			\$51.00
Route 66 Storage Pomona, CA 91746	OFC			\$51.00
Route 66 Storage Pomona, CA 91746	OFC			\$51.00
Alliance Travel Insurance Richmond, VA 23233	TRC		8/5-8/12/17 Travel insurance RE:Caucus Trip	\$210.20
Connie Sanders Emerson Sacramento, CA 95814	MTG		Reimbursement for additional tickets	\$65.00

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Jessica Figueroa Pomona, CA 91766			Reimbursement for a contribution to San Bernardino County Young Democrats	\$25.00
Ronald Lawrence Norwalk, CA 90650	MTG		Reimbursement for a lunch meeting	\$59.79
Sauced BBQ & Spirits Sacramento, CA 95814	MTG		09/15/17 Staff dinner for 7 including candidate.	\$242.20
Connie Sanders Emerson Sacramento, CA 95814			Reimbursement for tickets for fundraising event	\$3,306.84
Connie Sanders Emerson Sacramento, CA 95814	FND		Reimbursement for deposit and balance due for fundraising event location	\$1,380.94

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Tahoe Joe's Famous Steak House Chino, CA 91710	MTG		09/21/17 Staff meeting for 5 including candidate	\$204.79
Veterans Memorial Fund Fontana, CA 92335	CVC			\$150.00
ActBlue California Somerville, MA 02144-3132	OFC		Processing Fee	\$79.00
Pomona Valley Democratic Club Pomona, CA 91766	CTB			\$500.00
Committee ID: 1318498 ActBlue California Somerville, MA 02144-3132	OFC		Processing Fee	\$39.50

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Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Yolanda Miranda & Associates Covina, CA 91722	POS			\$6.37
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00
Virgin American Airlines Burlingame, CA 94010	TRC			\$25.00
Virgin American Airlines Burlingame, CA 94010	TRC			\$25.00

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Virgin American Airlines Burlingame, CA 94010	TRC			\$25.00
Virgin American Airlines Burlingame, CA 94010	TRC			\$25.00
Virgin American Airlines Burlingame, CA 94010	TRC			\$70.00
Virgin American Airlines Burlingame, CA 94010	TRC			\$70.00
Virgin American Airlines Burlingame, CA 94010	TRC		11/11-11/17/17 Airfare from LAX to Hawaii for family member to attend the Independent Voter Project Policy Conference.	\$514.40

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Virgin American Airlines Burlingame, CA 94010	TRS		11/11-11/17/17 Airfare from LAX to Hawaii for candidate to attend the Independent Voter Project Policy Conference.	\$514.40
Route 66 Storage Pomona, CA 91746	OFC			\$51.00
Facebook Inc. Menlo Park, CA 94025-1452	WEB		Online Advertising	\$47.98
Titan Graphix & Promotions Baldwin Park, CA 91706	CMP		Balance due for campaign bags	\$1,461.98
Montclair Chamber of Commerce Montclair, CA 91763	CVC		Membership renewal	\$300.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Democratic Party Sacramento, CA 95814	CTB			\$18,250.00
Committee ID: 741666 A to Z Printing Riverside, CA 92502	LIT			\$650.15
Ronald Lawrence Norwalk, CA 90650	MTG		Reimbursement for staff lunch	\$49.51
Chill's Grill & Bar Montclair, CA 91763	MTG		10/18/17 Appreciation dinner for 7 persons including candidate and 2 family members.	\$109.43
Chino Youth Museum Chino, CA 91710	CVC			\$100.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Petty Cash Chino, CA 91710	OFC		petty cash	\$95.64
Paola Avendano San Bernardino, CA 92407	MTG		Reimbursement for an event	\$80.00
Tahoe Joe's Famous Steak House Chino, CA 91710	MTG		10/19 Lunch with Capitol Staff x4 including Candidate	\$85.12
Petty Cash Chino, CA 91710	OFC			\$89.64
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00

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Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Ritz-Carlton (Half Moon Bay) Half Moon Bay, CA 94019	OFC		Hotel Incidentals	\$194.24
Ronald Lawrence Norwalk, CA 90650	CVC		Reimbursement for a donation.	\$23.00
Dragon's Tale Brewery Montclair, CA 91763	MTG		10/14/17 Reception only	\$334.00
Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Yolanda Miranda & Associates Covina, CA 91722	POS			\$5.39

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Schedule E (Continuation Sheet) Payments Made

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paola Avendano San Bernardino, CA 92407	OFC		Reimbursement for an event	\$64.51
Josue Castillo Rialto, CA 92376	MTG		11/04/17 Beverages for event	\$120.00
Ronald Lawrence Norwalk, CA 90650	MTG		11/04/17 Reimbursement for items for event	\$269.94
Petty Cash Chino, CA 91710	OFC			\$96.20
Servi Fiesta Pomona, CA 91766	FND		11/09/17 Rental of chairs & tables for event.	\$230.91

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paola Avendano San Bernardino, CA 92407	OFC			\$81.85
The Ritz-Carlton (Half Moon Bay) Half Moon Bay, CA 94019	TRC			\$79.06
Dragon's Tale Brewery Montclair, CA 91763	MTG	10/14/17 Event		\$60.00
Facebook Inc. Menlo Park, CA 94025-1452	WEB	Online Advertising		\$59.91
Route 66 Storage Pomona, CA 91746	OFC			\$51.00

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dolores (Michelle) Rodriguez Pomona, CA 91766	MTG		11/11/17 Meal for candidate & spouse	\$78.03
Ronald Lawrence Norwalk, CA 90650			Reimbursement for supplies and food for volunteers	\$80.35
Jessica Figueroa Pomona, CA 91766	OFC		Reimbursement for supplies	\$14.24
Petty Cash Chino, CA 91710	OFC			\$90.30
Tony Thurmond for Superintendent of Public Instruction 2018 Oakland, CA 94612	CTB			\$2,500.00
Committee ID: 1395467				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Claudia Rubio Ontario, CA 91761	OFC		Reimbursement	\$39.71
Monkeypod Kitchen Kihei, HI 96753	MTG			\$150.02
The Fairmont Hotels & Resort Kihei, HI 96753	TRC		Lodging 11/11 - 11/17 for CA Leadership Conference	\$504.58
Petty Cash Chino, CA 91710	OFC			\$91.53
Jessica Figueroa Pomona, CA 91766	MTG		Reimbursement for the Holiday Open House catering	\$180.00

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Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Miranda & Associates Covina, CA 91722	PRO			\$1,500.00
Yolanda Miranda & Associates Covina, CA 91722	POS			\$6.37
Morton's Steak House Sacramento, CA 95814	MTG		12/5/17 Annual Staff Holiday Dinner for 11 persons including candidate and 1 household member.	\$2,532.81
Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00
Connie Sanders Emerson Sacramento, CA 95814	MTG		12/06/17 Reception event reimbursement.	\$292.90

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Petty Cash Chino, CA 91710	OFC			\$93.57
Claudia Rubio Ontario, CA 91761	OFC		Reimbursement for items for Holiday Open House	\$18.93
The House of Printing, Inc. Pasadena, CA 91107	LIT			\$1,534.53
BullsEye Marketing Northridge, CA 91324	LIT			\$3,980.66
Morton's Steak House Sacramento, CA 95814	MTG			\$50.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Josue Castillo Rialto, CA 92376	OFC			\$9.45
Political Data, Inc. Norwalk, CA 90650	LIT			\$319.15
Charles Haines dba Digital Tractor Sacramento, CA 95816	LIT	Design		\$357.23
Dal Rae Restaurant Pico Rivera, CA 90660	MTG	Dinner with Speaker & Candidate		\$310.36
Dal Rae Restaurant Pico Rivera, CA 90660	MTG	Holiday dinner with Candidate & Staff		\$77.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dal Rae Restaurant Pico Rivera, CA 90660	MTG		Holiday dinner with Candidate & Staff	\$235.32
Party City Sacramento, CA 95815	OFC		Xmas supplies	\$116.03
The UPS Store Pomona, CA 91766	OFC			\$156.00
La Paloma La Verne, CA 91760	MTG		Food & Beverage with Candidate & 2 Staff	\$146.31
Starbucks Chino, CA 91710	MTG		Beverage for Staff	\$5.34

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Democratic Party Sacramento, CA 95814	CTB			\$18,250.00
Committee ID: 741666 Connie Sanders Emerson Sacramento, CA 95814	CNS			\$3,000.00
Facebook Inc. Menlo Park, CA 94025-1452	WEB		Online Advertising	\$37.41
Route 66 Storage Pomona, CA 91746	OFC			\$51.00
Dal Rae Restaurant Pico Rivera, CA 90660	MTG		Holiday dinner with Candidate & Staff	\$96.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 61 of 73
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton San Diego Bayfront San Diego, CA 92101	TRC			\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRC			\$303.23
Tutti Mangia Italian Grill Claremont, CA 91711	MTG		12/22/17 Staff Holiday Dinner for 7 persons including candidate.	\$1,206.29
Toys R Us Upland, CA 91784	OFC		Toys for the Toy Drive	\$138.90
Party City Sacramento, CA 95815	OFC		Gifts for Toy Drive	\$36.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

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NAME OF FILER Rodriguez for Assembly 2018		I.D. NUMBER 1392709

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise Rent A Car Sacramento, CA 95814	TRC			\$73.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$115,363.57

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Connie Sanders Emerson Sacramento, CA 95814	Reimbursement for fundraising expenses	\$2,320.87	\$0.00	\$2,320.87	\$0.00
Fantastic Snap Photobooth Chino, CA 91710	MTG 7/22/17 Photo booth for District Office Summer BBQ	\$299.00	\$0.00	\$299.00	\$0.00
Yolanda Miranda & Associates Covina, CA 91722	PRO	\$1,500.00	\$0.00	\$1,500.00	\$0.00

* Payments that are contributions or independent expenditures must also be
summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,073.13
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$4,119.87
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.)..... **NET** (\$3,046.74)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2017
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NAME OF FILER
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1392709

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Jessica Figueroa Pomona, CA 91766	OFC	\$0.00	\$17.26	\$0.00	\$17.26
Yolanda Miranda & Associates Covina, CA 91722	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Golden State Newspapers, LLC dba Champion Newspapers Chino, CA 91710	PRT	\$0.00	\$49.50	\$0.00	\$49.50
Yolanda Miranda & Associates Covina, CA 91722	POS	\$0.00	\$6.37	\$0.00	\$6.37
SUBTOTALS		\$4,119.87	\$1,073.13	\$4,119.87	\$1,073.13

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
BullsEye Marketing

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Services North Hills, CA 91343	POS			\$3,349.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3349.72

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Josue Castillo

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Last Name Brewing Upland, CA 91786	MTG		11/04/17 Beverages for event.	\$120.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$120.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

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NAME OF FILER
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I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Connie Sanders Emerson

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dodgers Tickets LLC Los Angeles, CA 90012	FND		09/22/17 Tickets for fundraiser	\$3,306.84
Discount Mugs Miami, FL 33178	OFC			\$511.00
Cantina Alley Sacramento, CA 95816	MTG		12/06/17 Reception event	\$292.90
San Antonio Winery Ontario, CA 91761	MTG		09/21/17 Deposit for event location	\$1,104.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5215.49

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Connie Sanders Emerson

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Antonio Winery Ontario, CA 91761	MTG		09/21/17 Balance due for event location	\$276.19

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$276.19

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
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NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Jessica Figueroa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rosalba Figueroa Adelanto, CA 92301	MTG		Food for the Holiday Open House catering.	\$180.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$180.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Ronald Lawrence

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dragon's Tale Brewery Montclair, CA 91763	MTG		Beverages	\$121.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$121.90

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Soledad Villalobos

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Save Mart Spermarkets Sacramento, CA 95828	MTG		Supplies for the Annual End of Session	\$119.93
Save Mart Spermarkets Sacramento, CA 95828			Food for Annual End of Session	\$14.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$134.89

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2017

through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rodriguez for Assembly 2018

I.D. NUMBER
1392709

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodriguez for Assembly 2018

I.D. NUMBER

1392709

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/18/2017	Independent Voter Project San Diego, CA 92116-1367	Reimbursement for travel expense for IVP conference 11/12 - 11/17-17	\$660.12

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$660.12

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$660.12
2. Unitemized increases to cash under \$100 this period.	\$55.24
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$715.36

FPPC Form 460 (June/01)
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